

File # 334993 PIN# 1899-69-0081Property Address: Joe Ayscue RdApplicant or Owner Name: Cody Ayscue

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

☒ Septic Improvement Permit
 ☒ Septic Construction Authorization (CA)
 ☐ CA Reissue**
 ☐ As Built
 ☐ Well Construction Authorization
 ☐ Additional Diagram/Specifications Attached

Diagram Date**: 12-18-20 EHS: Shad Fernald

**Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

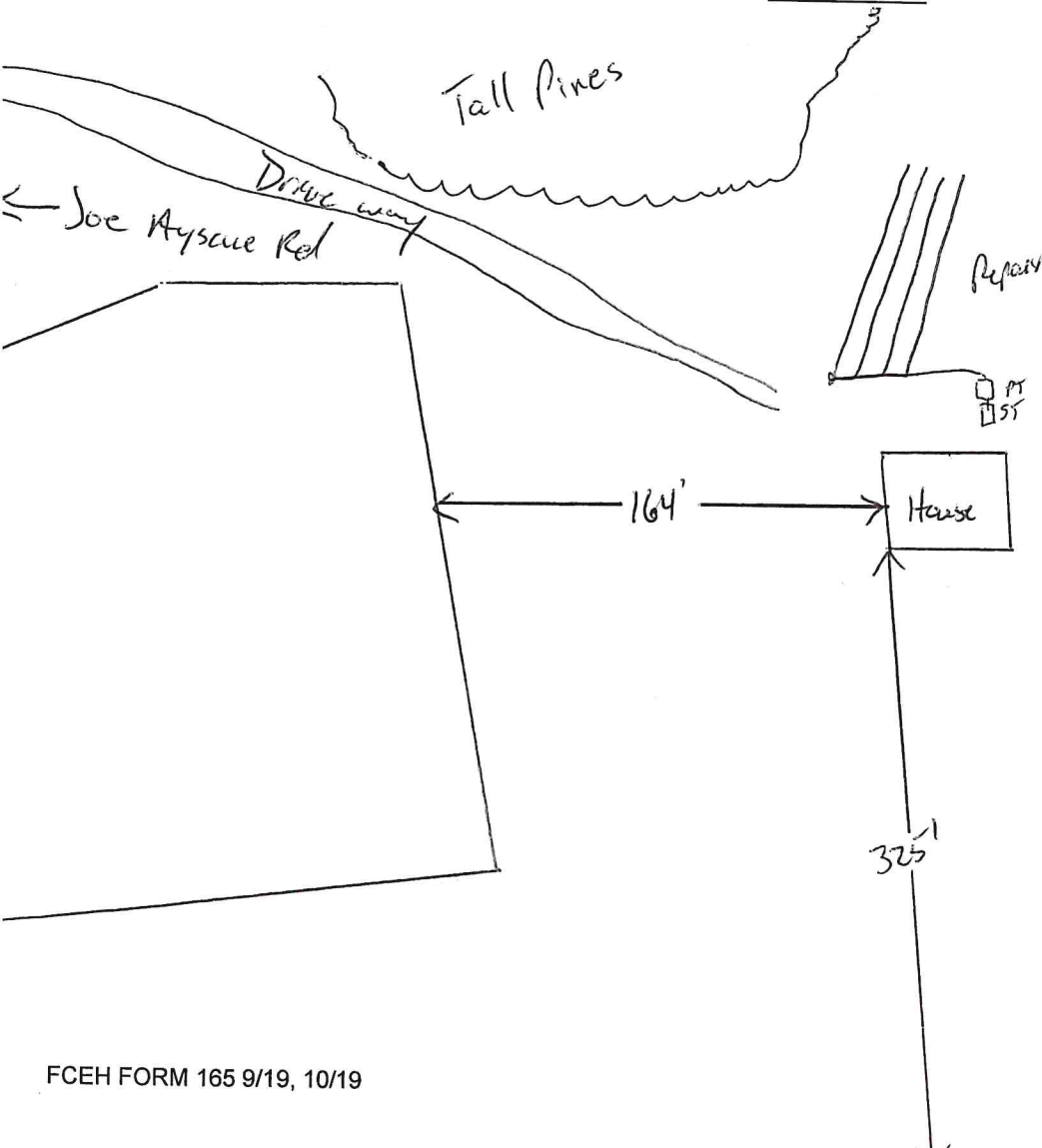
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. Septic Operations Permits will be issued after installation is approved, all permits conditions are met, and any outstanding fees are paid. Well Certificate of Completion will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Tank 1000 Pump Tank 1000 Drainfield 3'x300' Type System Pt & H Max Trench Depth 24"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? Yes No Maybe

Well Contractor _____ Well Grout date: _____

- Drawing not to scale
- System drawn up as pump; may can revise to gravity once septic area is cleared.
- maintain proper setbacks.





Construction Authorization

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone: _____

For Office Use Only

*CDP File Number: 334993 - 1

County ID Number: 1899-69-0081

Evaluated For: NEW

PERMIT VALID UNTIL: 12/18/2025

☐ Open Pump System Sheet

Applicant: CODY AYSCUE

Address: 527 EAVES RD

City: HENDERSON

State/Zip: NC 27537

Phone #: _____

Property Owner: RENN HENRIETTA

Address: 18 ROCKY FORD RD

City: HENDERSON

State/Zip: NC, 27537

Phone #: _____

Property Location & Site Information

Address/Road #: JOE AYSCUE RD
HENDERSON, NC 27537

Subdivision: _____

Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY

JOE AYSCUE RD

of Bedrooms: 3

of People: 2

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.3000

*System Classification/Description:

Minimum Soil Cover: _____ Inches

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Maximum Soil Cover: _____ Inches

*Proposed System:

*Distribution Type: PUMP TO GRAVITY

25% REDUCTION

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 4

Pump Required: ☐ Yes ☐ No ☒ May Be Required

Total Trench Length: 300 ft.

☐ Inches O.C.

Pump Tank: 1,000 Gallons

☒ Feet O.C.

Trench Spacing: 9 - _____

☐ Inches

Grease Trap: _____ Gallons

Trench Width: 3 - _____

☒ Feet

Aggregate Depth: _____ inches

Septic Tank Installer

Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions:

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Leonard, Shad

Date of Issue: 12/18/2020

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



IMPROVEMENT PERMIT

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone:

For Office Use Only

*CDP File Number 334993 - 1
County ID Number: 1899-69-0081
Evaluated For: NEW

PERMIT VALID UNTIL: 12/18/2025

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: CODY AYSCUE

Address: 527 EAVES RD

City: HENDERSON

State/Zip: NC 27537

Phone #:

Property Owner: RENN HENRIETTA

Address: 18 ROCKY FORD RD

City: HENDERSON

State/Zip: NC, 27537

Phone #:

Property Location & Site Information

Address/Road #: JOE AYSCUE RD HENDERSON,
NC 27537

Subdivision:

Phase: NEW

Lot:

Structure: SINGLE FAMILY

Directions

JOE AYSCUE RD

of Bedrooms: 3

of People: 2

*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☐ No ☒ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Pump Required: ☐ Yes ☐ No ☒ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department

*Site Modifications

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (1.1938(b)).

Authorized State Agent:

Leonard, Shad

Date of Issue:

12/18/2020

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.